

# Request to Speak at a Meeting

If you are interested in appearing in person at a Council or Standing Committee meeting to present information or an opinion on a matter, please fill in the form below.

**Full Name \***

Carly Eckhardt

**Phonetic Pronunciation of Name**

CAR-LEE ECK-Heart

**Pronouns**

she/her

**Mailing Address \***

82 Hannover, St. Catharines, ON

**Email Address \***

carly.eckhardt@facsnigara.on.ca

**Phone Number \***

9059377731

**Contact Preference \***



Email



Telephone

**Who are you representing? \***



Myself



Group or Organization



Another Individual

**Group or Organization Name (If Applicable)**

FACS Niagara

**Job or Position Title (If Applicable)**

**Township/Town/City \***

**Postal Code \***

**Will you require an accessibility accommodation? \***

Yes

No

## Presentation Details

**Requested Meeting Type \***

**Requested Meeting Date \***

 

**Is this delegation request in relation to an agenda item? \***

Yes

No

**How would you prefer to attend this meeting? \***

In-Person

Online

**Subject of Delegation \***

**Have you presented on this topic before? \***

Yes

No

**What is your position on this issue/agenda item? \***

In Favour

Opposed

Other

**Please provide the key points of your presentation. \***

Family and Children's Services Niagara is excited to inform you that the 3rd Annual Mountainview LemonAID Day is taking place Saturday, June 8, 2024 around the entire Niagara Region. Once again, we are working with Mountainview Building Group to encourage community members to raise money to send kids to camp this summer by hosting a lemonade stand.

We are very proud to say that in 2023 the event raised over \$100,000, providing over 500 weeks of summer camp for deserving kids in the care of FACS Niagara.

We are hoping to garner support from council and have the day declared Mountainview LemonAID Day for FACS Niagara.

**Are you expecting an action and/or recommendation from Council in response to your presentation? \***



Yes

No

**Please explain what response you would like to see from Council. ?**

We are hoping to garner support from council and have the day declared Mountainview LemonAID Day for FACS Niagara.

**Do you have an electronic presentation? \***

Yes

No

**Please provide any additional comments you may have in regards to your delegation request.**

I do have an electronic presentation however my PowerPoint will not upload.  
Happy to email it to you afterwards.

**Acknowledgements and Consent \***

- I understand that I only have ten (10) minutes to present.
- I understand that I can only address Council on the same issue once.
- I understand that inappropriate behaviour, action and/or treatment of Council and/or staff will not be permitted before, during or after my presentation.
- I understand that delegations are approved on a first come first serve basis, with a maximum of four being allowed per meeting, and that submission of a delegation request does not guarantee a spot at my preferred meeting.
- I understand that I must present concisely and remain on topic throughout the entire presentation.
- I understand that the Township of West Lincoln Council and Committee meetings are publically broadcast on the internet and that my information will become part of the Township's public record.
- I understand that personal information on this form is collected under the authority of Section 6 of the Township of West Lincoln's Procedural By-Law for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before a Committee or Council.

**Signature \***

A handwritten signature in black ink, consisting of a stylized, cursive name with a long horizontal stroke extending to the right.

Date \*

4/2/2024



# Thank You

Thank you for your submission. Please be advised that you will be contacted by email or by phone by a member of the Clerk's Department to confirm your appointment, provide further details and/or clarify any issues.